

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6389 STATE FILE NUMBER 63-043940
FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		Length of stay in 1b <u>3 YRS.</u>	c. CITY OR TOWN <u>LATHROP</u>
c. FULL NAME OF (if NOT in hospital, give location) <u>CRESTHAVEN CONValescent HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NOT LISTED</u>
3. NAME OF DECEASED (Type or print) <u>LULU MAE GORE</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-5-1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) <u>93</u>
11a. BIRTHPLACE (City and state or country) <u>CLINTON COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS J. SHINN</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE STONUM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>JOHN E. HARRINGTON, LATHROP, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK N. GORE</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rectal Hemorrhage</u> DUE TO (b) <u>Extreme inanition & malnutrition</u> DUE TO (c) <u>Arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>6 mos</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:05</u> a.m. Month, Day, Year <u>24 Nov 63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>LATHROP, Mo.</u>	
21. I attended the deceased from <u>1960</u> to <u>24 Nov 63</u> and last saw her alive on <u>23 Nov 63</u> Death occurred at <u>10:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In full or title) <u>J.B. Willoughby M.D.</u>	
22b. ADDRESS <u>6400 Prospect KC Mo</u>		22c. DATE SIGNED <u>24 Nov 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-27-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>LATHROP, Mo.</u>		24. FUNERAL DIRECTOR <u>Boyle Funeral Home Lathrop Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>11-25-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Willoughby MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mami Osail

Licensed Embalmer No. 4827

P. O. Address Valley, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.